

Citizens with Developmental Disabilities

## PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 09/11/2014

ELIVE.	PLO 1 RES
14.	How many people are employed by your agency? (Select one of the following)
	51 +
15.	What types of professionals are employed by your agency? (Select all that apply)
	☐Psychologist ☐Behavior Specialist
	✓ Registered Nurse
	✓ Other (Specify) Registered Social Worker
	What is the average rate of pay for the direct care professionals working for your agency for
Indi	ividual and Family Support (IFS) day services? (Select one of the following)
	\$8.26-\$9.25
<b>17.</b>	What is the average rate of pay for the direct care professionals working for you agency for IFS
nigh	nt services? (Select one of the following)
	\$8.26-\$9.25
<b>18.</b> ]	Does your agency reimburse staff for mileage when they are providing transportation to persons
	ported in their own vehicle? OYes or ONo
10	If your agency reimburses for mileage, how much do they reimburse?
17.	.30 cents per mile
	.30 Cents per fille
20	If your agency provides direct care services, what is your annual direct support professional
	nover rate?
	10%
21.	What are the common reasons for agency turnover?
	Hourly rate of pay, continuing education, relocation
22	How many hours of training per year are provided to your direct support professionals?
22.	16
23	What training topics are provided to your direct support professionals?
23,	Safety Skills, Life Skills, Emergency Preparedness, Ethics, Client Rights, HIPAA, Behavior, Person Centered,
	Medication Administration, Policies, etc
24.	How many hours of training are provided to your professional staff?
	20 + Annually
25.	What training topics are provided to your professional staff?
	CMA, Social Service Related Topics, Policies

	yes, how can persons interested in your agency access this information?
Er	mployee Policy and Procedure Handbook
INDI	VIDUALS SERVED
28. Id	lentify the total number of persons served by your agency? 87
29. D	oes your agency serve children? •Yes or ONo
	oes your agency serve persons that require support with medication administration and/or non- lex tasks?
	oes your agency serve persons with more intense behavioral support needs, such as aggression, self-injurious behaviors, etc.? •Yes or ONo
	oes your agency serve persons with more intense medical support needs, such as medical vents, feeding, etc.? •Yes or ONo
	oes your agency specialize in services for specific populations (Autism, Prader-Willi, etc.)? Yes or ONO If Yes, specify specialties.
w	/e do not discriminate. We serve all disabilities.
34. Is	LITY ASSURANCE s your agency's Quality Assurance Plan available for current persons supported and potential ns interested in your agency to review? •Yes or ONo
35. <u>If</u>	yes, how can persons that are interested access this information?
B	y request
36. H	ow does your agency assess individual and/or their families satisfaction with the services
36. Ho	
provi	
provid B	ded? Biannual surveys
provide B	ded? Biannual surveys
37. H	ded? Siannual surveys Iow often does your agency assess an individual and/or their family's satisfaction? (Select one of
37. H	ded?  Siannual surveys  Tow often does your agency assess an individual and/or their family's satisfaction? (Select one of allowing)
37. H the fo	ded?  Siannual surveys  Tow often does your agency assess an individual and/or their family's satisfaction? (Select one of ollowing)  very 6 months
37. H the fo	ded?  Siannual surveys  Tow often does your agency assess an individual and/or their family's satisfaction? (Select one of ollowing)  Very 6 months  What is your agency's process for receiving individual complaints?

39.	How are complaints resolved?
	An investigation is performed and any needed training is completed to resolve the issues. If necessary complaint may result in termination. (TARC follows all labor laws and policies and procedures for addressing all complaints
40.	Does your agency report overall individual satisfaction? •Yes or ONo
41.	Who is overall satisfaction reported to?
	Quality Assurance Committee reviews all surveys.
42.	How often is overall satisfaction reported? (Select one of the following)

Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at christy.johnson@la.gov.

Every 6 months